Item No: 17

Meeting Date: **Wednesday 23rd September 2020**

Glasgow City Integration Joint Board

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PRIMARY CARE IMPROVEMENT PLAN (PCIP) – INTERIM REPORT SEPTEMBER 2020

Purpose of Report:	The purpose of this report is: • To update the IJB on the progress made to implement Glasgow's PCIP. • To describe some of the additional, wider work that has taken place in primary care in response to the COVID 19 pandemic.

Background/Engagement:	The Primary Care Improvement Plan (PCIP) outlines how Glasgow City HSCP will support the implement of the GP contract which was introduced in April 2018 and, in particular, how we intend to use the additional funding provided by the Scottish Government for primary care transformation. The IJB approved the PCIP at its meeting on the 19th September 2018 and the subsequent Equality Impact Assessment was agreed in January 2019. These reports and subsequent progress reports can be found at: https://glasgowcity.hscp.scot/search?keys=Primary+Care+Improvement+plan Since the publication of our PCIP in 2018 we have produced an updated plan (PCIP 2) for 2019/20 and we intend to produce a third update (PCIP 3) for the remainder of 2020/21 and 2021/22. At the time of writing this report, however, we had not received guidance from

	the Scottish Government on what should be included in our PCIP 3 or any confirmation of the funding that will be available for 2020/21 or 2021/21.

Recommendations:	The Integration Joint Board is asked to: a) Note the progress made during in progressing the PCIP for Glasgow; b) Note the main risks, challenges and opportunities associated with the PCIP; and c) Note the work that has been undertaken in response to Covid-19.

Relevance to Integration Joint Board Strategic Plan:

Transforming primary care services is a vital element of the IJB/HSCP's strategy, given that a significant volume of patient contacts take place within primary and community care each year, with the majority of patient contacts and episodes of care taking place entirely within this setting. Estimates suggest that up to 90% of health care episodes start and finish in primary and community care.

Implications for Health and Social Care Partnership: This is a high profile programme with a range of risks associated with its successful completion. We are making a substantial investment in the implementation of the programme through leadership of the overall programme as well as the supporting workstreams.

Reference to National Health & Wellbeing Outcome:	All 9 health and wellbeing outcomes are relevant.

Personnel:	The PCIP outlined a programme for the recruitment of over 450 additional staff, in particular pharmacists, pharmacy technicians, nurses, advanced nurse practitioners, advanced physiotherapy practitioners, mental health workers and community links workers. In our PCIP we highlighted the challenges that we are likely to face in recruiting sufficient numbers of qualified and experienced staff within the 3 to 4 year timescale. The recruitment programme is included in the HSCP workforce plan and will be reviewed to ensure programme is delivered within current funding allocation. This will be achieved through revised skills mix in and reduced staffing numbers in some areas.

Carers:	By extending care in the community carers should see benefits and increased levels of support for them in their caring role.

Provider Organisations:	General practice services are provided under contract with the health board. Third sector/independent organisations

	have been given an opportunity to tender for the provision of Community Links Workers.

Equalities:	Sections 4 and 7 of the PCIP provided details of the health inequalities and equality implications arising from the PCIP. We have completed a strategic equality impact assessment on the plan and there is a requirement for equalities to be considered as part of the implementation process for each of the workstreams. The PCIP EQIA will be reviewed on completion of PCIP 3 / end of the programme. The EQIA can be found at the following: https://glasgowcity.hscp.scot/search?keys=Primary+Care+Improvement+plan

Fairer Scotland Compliance:	The socio-economic impact of decisions has been adopted as part of the Equality Impact Assessment.

Financial:	The Scottish Government issued the funding award letter in August 2021 for the 2020/21 financial year. Glasgow City's expected allocation for 2020-21 is £13.241m. In addition, there are prior year unutilised funds of £5.122m which could be accessed if expenditure exceeds the in-year allocation. Our concerns regarding the affordability of the eventual programme have not receded as the final year's financial allocation of £18.8m is insufficient to fund the full programme of commitments without significant compromise. The programme continues to be estimated at £3.5m above the allocation from the Scottish Government and as result a review of the programme spend and priorities is underway. Primary Care Improvement funding allocations are not subject to inflationary increases; consequently, there is a need to self-finance inflationary pressures such as superannuation and pay awards. Current estimates are that this is costing the programme £1.6m and could rise as plans develop.

Legal:	Not applicable.

Economic Impact:	Short term economic impact from the establishment of approx. 450 new posts within community and primary care services and longer term outcomes related to health and wellbeing of our population and its contribution to economic development.

Sustainability:	Sustainability should be assured as the additional Scottish Government funding will be made available on a recurring basis after 2021.

Sustainable Procurement and Article 19:	Not applicable.

Risk Implications:	These are included in our risk register with details of mitigating actions where these are possible. The PCIP has been developed in partnership with the GP Subcommittee and the continuation of the positive working relationship between the HSCP and the GP Subcommittee will be vital to the success of the plan. Key risks are: • The pandemic has delayed implementation this year because of the pause in the recruitment process and the requirement for staff to be removed from being physically based in practices. Many of the staff, whose posts have been funded by PCIP, were re-deployed from their work in practices to support the response to the pandemic. • Difficulties and delays in recruiting sufficient numbers of experienced practitioners. • Likelihood that funding will not be sufficient to meet all the commitments in the new GP contract for all practices. • Future years' funding could be subject to amendment by the Scottish Government. • The Vaccination Transformation Programme is being planned through both national and NHSGG&C arrangements and our progress on transferring responsibility is reliant on these more complex planning arrangements. • Key infrastructure challenges include the lack of suitable premises for the new/expanded services and the need for an integrated ICT system to support information sharing between members of the multi-disciplinary teams.

Implications for Glasgow City Council:	The implementation of the PCIP provides opportunities to improve joint working between primary care and wider council services for the benefit of those patients with multiple and/or complex needs.

Implications for NHS Greater Glasgow & Clyde:	The PCIP is being led by the HSCP with the GP Sub Committee and in the context of a partnership arrangement with the Health Board. The Health Board is required to ensure that the total funding from the Scottish Government is made available and for the timely recruitment and employment of new staff.

	The HSCP is working with the Health Board to deliver on its responsibilities, for example, the provision of health care premises to provide sufficient accommodation for staff or to respond to changes in how services are provided. In addition, the procurement process for any externally procured services will be undertaken through the NHSGG&C arrangements.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1 The purpose of this report is

- To update the IJB on the progress made to implement Glasgow's PCIP.
- To describe some of the additional, wider work that has taken place in primary care in response to the COVID 19 pandemic.

2. Background

2.1 The Scottish Government introduced a new contract with GPs in 2018 in response to growing pressures within primary care that are threatening sustainability, such as growing demands on the service and concerns about GP recruitment, early retirement and retention. The aim of the new contract is to enable GPs to operate as "expert medical generalists". This will be achieved by diverting work that can best be done by others, leaving GPs with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams. GPs voted to support introduction of the new GP contract and this came into force from April 2018. A further poll of GPs on the new contract is due to take place in 2020/21.

2.2 The principal elements of the new contract are:

- To re-design primary care services to enable longer consultations by GPs with people with multiple morbidities requiring complex care.
- For Health Boards to take on responsibility for GP leased and owned premises.
- To reduce the risk to GPs from information sharing, improved use of new information technology.
- To give GP clusters a role in quality planning, quality improvement and quality assurance.

- To provide new opportunities for practice staff-nurses, managers and receptionists to contribute to patient care.

2.3 To support the introduction of the new contract a **Memorandum of Understanding (MoU)** covering the period 1st April 2018 to 31st March 2021 was signed by the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards. The MoU covered 6 workstreams:

- Vaccination Transformation Programme
- Community Treatment and Care Services
- Pharmacotherapy
- Urgent Care
- Additional practitioners to expand multi-disciplinary teams in primary care
- Community Links Workers.

2.4 The MoU was followed up by the Scottish Government with a funding letter which outlined how the additional investment through the Primary Care Improvement Fund (PCIF) would be allocated to each IJB and the conditions attached to the funding. Based on the NRAC funding formula, Glasgow City's allocation would rise over the three year period to a final budget of £18.792m by 2021-22.[1]

2.5 The MoU committed integrated joint boards to develop for each HSCP a **Primary Care Improvement Plan (PCIP)** in collaboration with GPs and other stakeholders. The PCIP sets out how we will deliver on the MoU's priorities over the 3 year period and how we intend to use the additional funding from the Scottish Government. Glasgow's PCIP was approved by the IJB in September 2018, with a requirement to review our plans to bring expenditure within the final year's budget allocation.

3. Summary of progress since September 2019 and next steps

3.1 Since the beginning of the PCIP programme we have funded 206.6wte[2] posts. In addition 40 Community Link Workers are commissioned through third sector and some pharmacy posts were established prior to the PCIP.

3.2 In recognition that we would not have sufficient funding to meet all the expectations of general practice and the requirements of the Memorandum of Understanding we undertook a consultation exercise with GPs between September 2019 and February 2020, to seek further views on their priorities for the use of the PCIP funding over the final two years of the programme.

3.3 In summary there was a general acceptance that the nationally agreed priorities of the vaccination transformation programme, pharmacotherapy and CTAC require

[1] Although described as "earmarked recurring funding" it is emphasised in the Scottish Government funding letter that we should treat these figures as planning assumptions and subject to amendment by Ministers without notice. Future funds will also be subject to the annual parliamentary budget process. The allocation of PCIF requires to be planned alongside separate funding allocated for out of hours primary care and for Action 15 of the national mental health strategy (a part of which is intended for primary care).

[2] Whole time equivalent

to be delivered within the available resources. Furthermore, GPs have consistently emphasized the need to invest more in responding to the stress and distress experienced by their patients either through providing additional mental health support or Community Links Workers. The need for a response to well-being and distress has been highlighted further as a result of the increase in patients attending primary care services who are suffering from mental health problems during the pandemic.

3.4 The tables at Appendices 1, 2 and 3 provide more detail on progress with each of the workstreams, examples of impact and outcomes and our budget and expenditure so far for 2020/21.

4. Primary Care – Covid-19 response

4.1 The PCIP progress for 2020/21 has been delayed as result of supporting the primary care response to Covid-19 with the main delays being in recruitment of new staff and progressing developments within premises.

4.2 In response to the Covid-19 crisis NHSGG&C was instructed by the Scottish Government to establish a new community pathway for managing patients with symptoms of the virus. The objectives of the pathway are to:

- Reduce the demand on hospital services.
- Reduce the demand on GP services.
- Ensure that patients with the symptoms are kept away from GP practices in order to minimise the chance of transmission of covid-19 from symptomatic patients to higher risk patients with non-communicable diseases who are the most common group being managed within practices.

4.3 The **Community Assessment Centre (CAC) in Barr Street** was one of eight centres that were set up as part of the overall pathway and opened on 23rd March 2020. The CAC operates 7 days a week and requires to remain open and available for the foreseeable future. During the evening and weekends Barr Street operates on behalf of all 6 partnerships and takes patients from across the whole of the NHSGG&C area.

4.4 In response to the testing requirement from Scottish Government the **Care Home Testing Team (CHTT)** went live on 28th April operating from Barr Street. The service undertook testing on behalf of general practice of symptomatic patients, care home residents and to meet the demands of the mass outbreak testing for Care Homes. More recently the service has supported the testing of residents new to care homes, housebound patients and adult care homes staff testing and mental health inpatient staff testing.

4.5 Whilst most of the clinical decision makers in the centre are GPs, the majority of the service is staffed by those who volunteered from their substantive community post with over 100wte staff reassigned to Barr St.

4.6 Between 23 March 2020 and the 21 August 2020 a total of 5,646 patients attended the CAC at Barr Street for assessment. Of these 962 (17%) were

referred to hospital with the remainder either advised to stay at home or referred to the community respiratory service. Given the concerns that hospitals and GP surgeries would be flooded with patients concerned about the virus, the CAC at Barr Street made a major contribution to supporting these core elements of the NHS.

4.7 For planning assumptions there may be a requirement for CAC to be delivered for the next 12 months and model will require to be flexible to respond to fluctuating demand and changes to the patient pathway over the winter period. The need for ongoing testing capacity is not yet known but currently envisaged that this may be over the next 4 - 6 months. We do have concerns about our staffing capacity to support the CAC should there be a resurgence in the Coronavirus and/or people with other respiratory illnesses and we are investigating a range of options for providing sufficient medical and nursing cover. However, this remains a high risk area.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) Note the progress made during in progressing the PCIP for Glasgow;
b) Note the main risks, challenges and opportunities associated with the PCIP; and
c) Note the work that has been undertaken in response to Covid-19.

Appendix 1

Description of workstream	Summary position statement for each workstream
The vaccination transformation programme VTP aims to transfer work from GPs to the HSCP for children, adults and travel. The Scottish Government has delayed the full transfer of the Adult VTP programme by 1 year to March 2022. However, we have continued to make progress with the transfer:	Children's pre-5 routine vaccinations were removed from practices in 2019/20. 2-5 year olds flu – a pilot completed in 2019/20 and full transfer planned for winter 2020/21 Maternity – transfer of those vaccinations provided in pregnancy were transferred to maternity services in 2019/20. Adult flu vaccinations will be delivered by mixed model between HSCP lead service and GP practices during 2020/21 before full transfer to the HSCP by March 2022. Given the need to take account of social distancing in buildings, the use of PPE and the likely increase in demand for the vaccination, this is a very challenging part of VTP. Agreement has been reached that HSCPs and GPs will share responsibility for the delivery as follows: ➢ 18-65 at risk to be organised and delivered by GPs ➢ Over 65 years old will be delivered by the HSCP, and for those who are housebound will be led by community nursing services. ➢ 55-65 new cohort in phase 2 to be organised and delivered by HSCP after the 18-65 at risk and over 65 year olds have been vaccinated. ➢ Household members living with those who are shielding ➢ The model for travel advice and vaccinations is being developed nationally. It is not clear what the final cost of the programme will be once all elements have been transferred from general practice as the final model has not been defined. Furthermore the programme is being extended this year to include people over 55 years who are at risk.
Pharmacotherapy services are being developed with the aim of transferring acute, repeat prescribing and medication	124 (87%) practices out of 143 have full (65 practices) or partial (59) support from pharmacists and pharmacy technicians. Access to pharmacotherapy support for GPs was further accelerated during the pandemic with staff working remotely into practices. Our plan is to recruit approximately 90 wte pharmacy staff by the end 2021/22.

management from GPs to HSCP employed pharmacy support staff.	We are developing remote pharmacotherapy hubs comprised of pharmacists, technicians and support staff that make best use of limited resources by offering a cluster of practices support from a small team. Learning from the Covid-19 response has confirmed that a mixed model of service delivery that includes elements of agile working, hub and practice based working is the most efficient and effective way of delivering the support.
The expansion of community treatment and care services by the HSCP to provided services such as phlebotomy, ear syringing, suture removal and management of minor injuries and dressings for all GPs. This workstream is being implemented in two overlapping phases: phase 1 will see all phlebotomy services moved from GPs to the HSCP; phase 2 will result in the current treatment and care services delivered by GPs transferred to the HSCP.	Although there was a pause in the recruitment of treatment room and phlebotomy staff during most of the lockdown over the past month we have re-started to recruit new staff to the service. As a result of the pandemic treatment room services were consolidated onto a smaller number of sites but we are now working towards re-opening the other treatment rooms as part of the recovery process. Treatment room staff supported our response to the pandemic by helping with the establishment of our Covid -19 Assessment Centre in Barr Street. Phlebotomy domiciliary service commenced as part of response to Covid -19 for patients who are housebound and the service has been made available to all practices. A phlebotomy single point of access (SPOA) has been established to create a more efficient system and to allow patients choice of where they receive a service. Given the heavy demand on the SPOA we are recruiting additional call handling staff. We are developing an electronic referral mechanism for GPs to address the challenges experienced as a result of the very high levels of demand. Following requests from GPs we are looking to base phlebotomy staff in practices where there is suitable accommodation. We are working with acute colleagues to investigate the feasibility of delivering the “acute” bloods within community settings as part of the Board’s remobilization plan. However, the availability of clinical space remains a key problem, which has been made more difficult because of the need for social distancing in health centres. We will continue to review the staffing requirements for the CTAC service to ensure that we remain with the overall final budget.
The **urgent care** workstream focuses on the employment by the	In 2019/20 4.8 wte Advanced Nurse Practitioners (ANPs) were recruited to provide responses to urgent calls for patients in our residential care homes instead of GPs.

HSCP of advanced practitioners to replace GPs as a first response for home visits and for urgent call outs.	Feedback from the care homes about the quality of the care provided by these staff has been very positive. A further 5 Trainee ANPs have been recruited and will be supported to undertake training from September 2020. The plan is that they will provide response to those care homes where there is no contracted GP provision. The plan to work in partnership with the Scottish Ambulance Service to look at how paramedics based with practices can undertake urgent house calls has been delayed due to Covid -19. Given programme financial constraints and the new ways of working in practices (such as increases in telephone and video consultations by GPs), we will review the future priorities for this workstream.
Additional professional roles as part of the multi-disciplinary practice teams (MDTs) Additional professional roles include physiotherapists and community clinical mental health professionals to see patients as a first point of contact.	<u>Advanced Practice MSK Physiotherapists (APP)</u> The recruitment of advance practice physiotherapists continues to be difficult with programme achieving 8.8.wte to date, providing input into 13 practices. In response to concerns raised by small practices that they would not benefit from the current model a pilot was planned for a hub/hosted approach to the provision of APP support but delayed due to the Covid-19 pandemic. During the lockdown the APPs have mainly carried out telephone or video consultations (where available), with limited face-face assessment of patients. Some APPs supported the response to Covid 19 in the assessment centres and in acute wards. Learning from the lockdown has highlighted the need to review the service model to allow for combination of telephone, video and face-to-face consultations and hosted model test of change. Given programme financial constraints, the new ways of working in practices and difficulties in recruiting new APPs we will need to consider future alternative options to providing this type of support as part of MDTs.
Additional professional roles as part of the multi-disciplinary practice teams **(MDTs)**	<u>Mental health</u> In response to the feedback from GPs we planned to developing a model for helping people who present to practices with low mood/depression (an audit estimated that 6000 (20%) of consultations every week in Glasgow were related to these concerns).

Additional professional roles include physiotherapists **and community clinical** mental health professionals **to see patients as a first point of contact**.	Many GPs have asked that the PCIP programme should prioritise the investment in services for those patients who are experiencing distress and challenges as result of their life circumstances and the need to help these patients has become even more apparent during the lockdown. Lifelink services were funded to provide additional support and services for patients who are referred by GPs and we have awarded GAMH funding to provide a stress response service during the "in hours" period. It is anticipated that the demand is likely to increase for Lifelink and telephone appointments will be retained alongside a return to face-to-face consultations. We have provided funding to support the city wide roll out of our youth health services, although these have had to move to telephone and online provision as a result of the pandemic. Prior to the pandemic we recruited three people to work with clusters of GP practices to design packages of support to meet the needs of these patients, however, this work has only recently been re-established after being paused during the lockdown. Prior to the pandemic we had commissioned a number of pilot projects to test out different ways of responding to patient needs, such as "learning on prescription", however, these were put on hold and are now being re-established. An audit of the pathways into primary care mental health services has been funded by Action 15 money to improve management and support for patients requiring and receiving specialist mental health services treatment. We will review the overall model of service provision utlising the learning from the pilot programmes, feedback from our engagement with GPs and the findings of the audit of primary care mental health services.
Community Links Workers help patients with non-medical needs to navigate and engage with wider services. For example, this might help patients to access help to reduce their feelings of isolation, stress and anxiety.	40 CLWs are being funded and following review of spend agreement has been reached to fund another 3 within the current budget. This is 8 more than we originally planned. We have made representations to the Scottish Government on a number of occasions to seek additional funding for these posts so that they could be offered to more practices. However, we have not received any response. During the lockdown Community Links Workers were given remote access to enable some service to be maintained.

	As part of the COVID -19 recovery work we are discussing with the two provider organisations how the model of service will need to change and how CLWs can be based physically in practices within the constraints imposed by social distancing. The development of online groups and seminars is being investigated. CLWs continue to work with community partners to ensure onward referral pathways are available for patients. There has been strong support from many GPs for the Community Links Workers model and we will give consideration to how we can extend this to more GP practices.
Supporting work The **back scanning** of paper documents to free up space and to support more efficient, electronic working.	We gave a commitment that all practices would have their files scanned electronically by the end of 2020/21. Up until May 2020 101 practices had had their records back scanned, with the funding committed to enable the remaining 42 practices to scan their records by the end of the PCIP programme.
Supporting work **Premises** improvement To create additional office and clinical accommodation for the expanded practice teams.	We developed a plan for the priority projects and our intention was to progress this with the NHS Estates team in spring 2020. However, work was stopped due to the lockdown. One of the major constraints on achieving the objectives of the PCIP remains the lack of suitable accommodation in GP owned/leased premises. Even where space is available in a practice, it may need work undertaken to make it fit for purpose. 81 practices are based in GP owned or leased premises and this presents us with a major task to plan and deliver the required level and quality of accommodation, especially as the responsibility for commissioning the work and applying for improvement grants resides with the practices. We have completed a survey of practice accommodation and we obtained a 62% response rate (90 practices). A national survey of GP accommodation has also been completed. We are working with NHSGG&C to improve the co-ordination of the upgrading work to ensure it is closely aligned with the roll out of the PCIP workstreams.
Supporting work **eHealth**	In 2020/21 the national data sharing agreement between NHSGG&C and GPs was launched and is being supported for sign up with practices. One of the significant progress made during the lockdown period has been the availability and access to IT equipment and use of remote consultations i.e. Attend Anywhere.

Supporting work **Collaborative leadership and learning**	We have developed a framework of support and development that will be available for the cross section of stakeholders involved in the Primary Care Improvement Plan to meet both the individual and team development needs. The framework includes development interventions that are currently available and funded within the NHSGGC Organisational Development Framework and external programmes, including team effectiveness, leading and coaching for improvement, quality improvement methods and developing facilitation skills. We coordinated successful applications to the ihub for Pharmacotherapy Level 1 and Practice Administrative Staff (Phase 2) improvement collaboratives to improve the efficiency of practices through improvements in work flow and supporting care navigation for patients; this is on hold and reflection will be undertaken to consider learning form the new ways of working during Covid-19.
Communication and engagement action plan	Quarterly update bulletins are published. Key messaging document for staff about the aims and objectives of the PCIP. Face to face meetings with the wide range of groups within primary care both at a locality and cluster level. We held to two events at Hampden for GPs, practice staff and HSCP staff during the autumn of 2019. Over 200 people attended the events and we are drafting an action plan in response to the issues raised. We are preparing public information materials to explain the changes that are taking place and need to review with learning from the experience of the lockdown. We are involving the Community Engagement Officers to help support the engagement of members of the public in our three localities. Primary care information pages are available on the HSCP website.

Appendix 2

Activity, outcomes and impacts

Introduction

The Primary Care Improvement Fund is a national fund to transform primary care services and there is a national Monitoring and Evaluation Programme http://www.healthscotland.scot/publications/monitoring-and-evaluation-of-primary-care-in-scotland-the-baseline-position.

There was no specific allowance within the Glasgow City allocation of the PCIF to invest in the evaluation of the outcomes from the overall programme. However, all HSCPs agreed to contribute funding to a board-wide evaluation that would be undertaken by our Public Health specialists. Unfortunately, as a consequence of the demands placed on our Public Health team by the response to COVID 19 pandemic, it has not been possible to begin the evaluation. We are giving consideration to alternative ways of commissioning an evaluation of the programme.

It should be noted that the programme has not been completed, therefore, we would not be expected to measure final outcomes until 2021/22. Furthermore, as a result of the lockdown and the need for staff to be re-deployed to respond to the pandemic measuring any outcomes for the overall programme at this stage would be problematic.

Whilst it is not possible to measure achievement against the overall objective of the PCIP (i.e. the reduction in GP workload so that they can free up time to become expert medical generalists to allow them to focus on the needs of the more complex patients), there are some specific elements of the PCIP where we can identify activity, performance and outcomes from the investment. These are shown in the table below:

Workstream	Description of outcome
Vaccination Transformation Programme	The final outcome would be that we increase the uptake rate for vaccines for all age groups and types of vaccines. The transfer of the programme has not been completed and GPs still have a responsibility for Adult flu and travel advice and vaccinations. Where vaccine delivery has been transferred we have seen the following outcomes:

Workstream	Description of outcome
	• Routine pre-school programme (MMR) – the rates remain over 93% for the city as a whole against a target of 95% and is shown as green on our quarterly performance report. • 2 to 5 year olds flu immunisation – the full transfer will take place this October but the pilot project last year achieved increased average uptake amongst the target population in 9 out of 10 community clinics and was evaluated positively by parents/carers.
Community Treatment and Care Services	The number of patients who had blood taken by HSCP phlebotomists between April and August this year increased from 1,598 per month to 5,895 per month (despite a reduction in the number of clinics and the move to home visits which take a lot longer to complete). We will be using these figures as a baseline measure for demonstrating the transfer of phlebotomy from GPs to the HSCP.
Pharmacotherapy	Awaiting data.
Urgent Care	An audit of 552 patient visits carried out between June 2019 and August 2019, found that the work of the ANPs in three of the five HSCP residential care homes saved an estimated 242 GP clinical hours and potentially same on GP travel hours.
Advanced Practice Physiotherapists	An analysis of data for 13,311 appointments during a 3 month period last year found that 73% of patients were helped to self-manage their conditions. Patient and GP feedback was also found to be positive about the input from the APPs.
Mental Health	There are a number of strands to the mental health workstream. The following information is from Lifelink which receives PCIP funding and relates to the first quarter of the 20/21 financial year: • The services received 1018 referrals (this was a 50% reduction on previous quarters because of the lockdown).

Workstream	Description of outcome
	• The most common reasons for a referral were anxiety/stress (64%), depression (49%) and bereavement/loss (14%) • Clients are assessed by a counsellor and they complete a clinical outcome evaluation tool (CORE) that assesses need and risk which results in a score that suggests their mental wellbeing in the beginning and at the end of each session, providing a final score from the movement of first to last core completion. • A score of 11 is the lower boundary of the 'mild' level, with 25 or over judged as 'severe' level, whilst a score of 20 reflecting the 'moderate-to-severe' level. • For a six month period the average CORE score for clients decreased from 20.1 to 13.6, an improvement of 6.5.
Community Links Workers	In 2019/20 (16 CLWs) • 2,504 referrals were received by CLWs (84% from GPs) • The average number of engagements from participants was 4-6 appointments • The most prevalent onward referrals were for non-statutory mental health support and financial support. In Q1 2020/21 (36 CLWs) • 1,300 referrals were received by CLWs • Engagement rate for the service improved during this quarter highlighting the benefit of telephone appointments for some participants. • In total CLWs held 5,942 appointments • Average engagement increased to between 5.5 – 8.5 appointments • Covid-19 Shielding support became the most common reason for referral this quarter, with 590 patients referred for CLW for support • 309 referrals related to Mental Health, the next most common reason for referral related to financial/housing/food poverty issues. • See patient stories for examples of outcomes.

Community Links Workers – Patient Stories

Denis, 60, from Glasgow… tells of the 'vital support' he's benefitted from in working with Emer McGinnity, Community Links Practitioner at Dr Ghaus & Chouly practice in Pollok Health Centre, both since the beginning of the lockdown period and beforehand…

I've got 13 different diagnoses, including chronic lung problems due to being exposed to asbestos for years, as well as physical injury due to industrial accidents. I take medication to help keep me breathing. Linked to these are depression, anxiety, mood swings. I am someone who's used to a structure, working, routine. I've worked since I left school. I struggle without that. From being fit to where I am now can put you in a very depressive place.

I started working with Emer this year. It's a breath of fresh air, gets me up and going again. We put things in place and I was getting back out and about doing things. She linked me into a local garden project and took me along to a repair café. I have many skills I can pass on from years working as a joiner and specialist furniture restorer.

These are things to look forward to that can help me get back to my own self. She also phoned the bus company to sort out renewal of my bus pass and save me having to contact them again.

With Coronavirus I'm obviously in the shielding group. Just as I was starting to get things in place. It freaked me out at first. I went from getting out and about to the places Emer linked me into and visiting consultants for appointments, to nothing for three weeks. The phone calls from Emer since then have been vital in getting me through this.

The way I was brought up I find it difficult to get to know people, I know when people aren't right. From day one Emer has been amazing, very hard working. She's been a godsend, the way she is with people, natural and engaging. I never thought I could do it but she's got me to open up and I trust her 150%.

As far as I'm concerned you all deserve a massive pay rise after this, I hope you get the recognition! Thank God my practice brought this in, they've been needing this in a GP practice for years and it's not been there.

My doctor's great, he's doing his job, he's a very busy doctor, but what Emer does is a specialised thing and if she hadn't been there I would be seriously troubled right now.

Working with her, and the things we've put in place has brought me to a place where I am optimistic, I'm actually buzzing, she helps me get myself going and I can't wait to start with the garden project and repair café as soon as it's safe to do so again.

Once I do start getting out and about again, I'll be making sure everyone knows about what a wonderful programme this is and the help it can provide to people like myself. You're some team! That I can speak in sharing this story now is due to the support you've given me and the ways yous are, without it I'd have been putting defences up.

Hearing the birds and laughter

I've lived with a diagnosis of Lupus for many years. This has chipped away at my physical and mental health. When Community Links Practitioner, Margaret Ann, walked into my life it was a Godsend. She helped me with my mental health problems, made me feel valued and that life was worth living. I became the person I wanted to be; able to stand up for myself. I got my confidence back.

There were various issues; finances, DWP, housing. Family and relationship issues I found hard to deal with, causing me such anxiety, but she was always there, helping me figure out what needed to be done.

She introduced me to the Promising Link Group and then the HOPE Group, which she set up and facilitated. It was a life saver. Meeting other people who are now great friends was a bonus. I looked forward every week to get out to the group.

We would meet outside the group for coffee and shopping. I didn't only learn to smile again, I could hear myself laugh. Margaret Ann went out of her way to help with every problem. I can never thank her enough. I wouldn't be here today if it wasn't for her.

Now this pandemic! I feel I'm back in the days before I met Margaret Ann, like all that hard work we both put in has been lost and I'm on a seesaw with my mental health. My moods are much worse. Some days I don't even want to talk to anyone and spend my time in my bedroom. At night I'm having weird dreams and waking up with my heart going so fast with such frightening feelings.

I've been shielding since this virus outbreak. Coming out of lockdown I'm so scared of what life is going to be like. I know it won't be the same and feel angry all the time. Angry at a 'virus', something that doesn't care if I'm angry or not. For now I have the telephone. Friends call regularly, it's always great to hear from them. Margaret Ann calls me too. It's then I can really talk about my feelings, worries, despair. She gives me time. I always feel better afterwards. She gives great advice, but always in a way to help me make my own choices. I can't believe there is such a service. My GP practice has thrived since she came. They do things so differently now.

During one call, she asked “can you hear the birds now?” In all the time I’ve stayed here I've never heard the birds but since lockdown that's all I hear now. It's great and I just hope people appreciate life more now and how people have helped each other through this virus. I just hope they are going to keep it up!

Appendix 3

PCIP Expenditure 2020/21

Projects	2020/21 Actual expenditure for PCIP 2 at July 20 £000's	2020/21 Full Year Projected outturn £000's	Comments
Vaccination Transformation Program (VTP)	222	915	20/21 plans for Childhood Immunisation & Housebound flu programs approved at PCIP ILG
Pharmacotherapy	1,044	3,131	20/21 plans for additional posts approved at PCIP ILG
Community Treatment & Care (CTAC)	1,010	3,397	20/21 plans for call handlers & augmented line management structure approved at PCIP ILG
Urgent Care	89	415	additional 5 trainee ANPs in post from Aug20
Community Link Workers	955	2,564	41 CLWs in post & contracted Adult stress services are in place.
Mental Health	288	1,564	Existing contracts with GAMH & Glasgow Life continue.
Advance Practice Physio	147	542	Hosted within West Dunbartonshire HSCP; 9wte Physio's in post, recharge of costs ongoing.
Cluster Support	12	12	Cluster payments
Project Team	183	550	Existing PCIP management team and additional non-recurring quality improvement costs (PASC)
GP Sub-committee	0	62	Draft projection figure, planned spend for 20/21 to be confirmed
Collaborative Leadership & Learning	17	72	OD support for PCIP program
Premises	12	1,112	Draft projection figure; GP improvement & backscanning plans for 20/21 to be confirmed.
Out-of-hours (OOH)	0	287	Realignment of PCTF funds required for implementation of OOH review.
Total Expenditure	**3,979**	**14,623**	

The table above represents our current projection of full year expenditure for 20/21(PCIP 2) which is subject to change throughout the year as additional plans are developed; if required, our current year indicative allocation of £13.241m can be increased by claiming up to £5.122m of prior year unutilised funding in agreement with Scottish Government.